

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **09/936454** FILING DATE
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	8					
TOTAL DEP.	36					
TOTAL CLAIMS						

CLAIMS						
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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						